

OVERVIEW

Purpose of the Program

The federal government, through the Health Care Financing Administration (HCFA), requires that all agencies serving a Medicaid population and receiving Medicaid funds must have a utilization control program in place to monitor each beneficiary's need for services, before payment for the intended services is authorized. The purpose of the program is to ensure that the intended services are appropriate to each individual's symptoms according to Medicaid established protocols and medical criteria, and are neither over utilized, nor underutilized. The requirement for this type of review became statutory in 1972 for Medicaid and Medicare programs.

Since March, 1987, First Health has assisted Medicaid agencies by providing utilization management and prior authorization for payment review services tailored to each state's needs. As a pioneer in the management of Medicaid mental health and substance abuse treatment, First Health has the clinical and management expertise needed to serve high-risk public-sector clients.

Purpose of this Manual

The intent of this *Mental Health Clinical and Utilization Review Services Manual* is to give Medicaid enrolled providers detailed instruction for initiating the review process and the appeals process. The manual provides specific instructions for each type of service requested, including: Prior Authorization Review (pre-admission) and Concurrent Review (continued stay); Retrospective Reviews of medical necessity and treatment efficacy of a sample of outpatient mental health services delivered to Montana Medicaid beneficiaries; and authorization for therapeutic home leave. This *Mental Health Clinical and Utilization Review Services Manual* is intended to be an educative and informative training guide for providers of each of these services.

The manual will inform providers of the Medicaid established protocols and medical necessity criteria that must be met in order for First Health to recommend approval of payment for proposed treatment. First Health is contracted by the State of Montana to perform prior authorization reviews using the Montana Medicaid established protocols and medical necessity criteria presented in this manual and then render a *recommendation* regarding authorization of payment or denial to the Montana Department of Public Health and Human Services (MDPHHS).

PLEASE NOTE: A RECOMMENDATION FOR APPROVAL DOES NOT GUARANTEE PAYMENT. *The Medicaid recipient must also be determined eligible for the benefit; the review processes do not determine this eligibility. Payment is subject to the recipient's eligibility and applicable benefit provisions at the time the service was rendered. Actual benefit determinations are made when a billing claim is submitted to ACS.*

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Organization and Background

First Health's approach to managing mental health/substance abuse benefits rests on the principle that quality assurance and cost containment are the same process. First Health helps individuals access the most appropriate levels of care indicated by standards of medical necessity, thereby ensuring that the type and duration of service are driven by clinical needs. In focusing on clinical needs, First Health supports cost containment by assisting beneficiaries to access only those services that are medically necessary according to state and federal mandated protocols and criteria. Adequate availability of services to all Medicaid mental health eligible beneficiaries is thereby ensured.

First Health's headquarters for Montana is in Helena. The Montana office maintains the authority to administer the contractual services to the DPHHS. The Helena office houses the Montana project manager, the Helena Regional Care Coordinators, and administrative support. In addition to the Helena office, Regional Care Coordinators are located in Billings, Great Falls, Kalispell and Missoula. First Health also utilizes the professional resources of its offices in Glen Allen, Virginia where it employs a staff of 150, including nurses, social workers, psychologists, and Board-certified or Board-eligible psychiatrists.

Hours of Operation/Operating Numbers

First Health's standard hours of operation are Monday through Friday, 9 AM to 6 PM Central Standard Time, excluding state and federal holidays. First Health is available by telephone, fax, and U.S. Mail. Contact information is:

Telephone: 1-800-770-3084
Fax: 1-800-639-8982

U.S. Mail: First Health
4300 Cox Road
Glen Allen, VA 23060

Scope of Work

The table below summarizes the scope of work for each service type. Except for emergency admissions, all requests for prior authorization of services must be submitted at least 48 hours/two (2) business days prior to the planned admission. Emergency admissions require the provider to notify First Health within 24 hours/one (1) business day of admission. Concurrent reviews are conducted across many of the services and at varying time frames as defined by the Department. Retrospective reviews are also conducted across many services and are performed on a sample basis. Each review process is based on specific Medicaid established protocols and medical necessity criteria. If First Health does not recommend payment for the requested services, an Appeals process is available. When the Appeals process is offered, a notice of the

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patient's or provider's right to a Fair Hearing accompanies the original denial notification letter.

Table of Basic Specifications and Review Types

Provider Service Type	Adult	Youth	Prior Authorization	Concurrent	Retrospective	Certificate of Need (CON) Required
Acute Inpatient (Medicaid Only)	X	X	X	Out-of-State only		X (Under 21)
Youth Residential Treatment		X	X	X		X
Adult Crisis Stabilization	X		X	X		
Partial Hospitalization	X	X	X	X		X (all ages)
Therapeutic Living Services (Therapeutic Family or Therapeutic Group)		X	X	X		X
Outpatient Services		X	X (youth only , after 24 visits)	X	X	
Case Management					X	
State Hospital				X		X (under 21 and over 65 only)

Review Process

The review process is a facsimile (fax) based process. The formal review process, applied medical necessity criteria, determination, approved timeframes, and notification process varies for each review type. Therefore, a well detailed, specific subsections of this manual are devoted to each service type and applicable review process.

First Health Reviewers

All First Health review staff are either Licensed Clinical Social Workers (LCSW) or registered nurses (RN) with specialized psychiatric training. First Health requires each review staff member to have five or more years of psychiatric experience as a licensed mental health professional. Only Board-certified First Health psychiatrists have the authority to issue adverse determinations, and in addition to the Montana based physician panel, have the authority to render Appeals determinations regarding payment authorization.

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Confidentiality

The across-the-board policy of First Health is that all specific personally identifiable recipient information is obtained through and used solely for the purpose of Utilization Management (UM), quality management, discharge planning, and case management, and is treated as privileged and confidential information. This information is only exchanged for purposes of executing contractually-mandated duties and is always exchanged in accordance with all applicable federal and state laws and regulations, as well as the ethical and professional standards of the professions involved in conducting utilization management activities. This policy governs all forms of information about recipients, including written records, electronic records, facsimile mail, and electronic mail. The above-described policy will be applied to all aspects of the UM process.

Procedures to implement the confidentiality policy begin during the process of:

- Interviewing and hiring all employees and subcontractors
- When the importance of confidentiality is stressed
- When the new employee or subcontractor receives training the confidentiality of patients is stressed
- When the new employee or subcontractor receives training on the confidentiality policy during their initial orientation.

Upon completion of the orientation, each First health employee is required to sign a written confidentiality policy attesting to their understanding and willingness to comply with all state and federal regulations pertaining to confidentiality. As part of the orientation, and periodically thereafter, all employees and subcontractors are also oriented to the full range of procedural safeguards used by First Health, including:

- Restricted access to locked and fire-rated file cabinets for storage of written records
- Protected access to electronic records limited to authorized persons
- Prohibited physical removal or recipient records from First Health premises
- The proper labeling and safeguarding of mail or facsimile transmission containing personally identifiable recipient information as confidential documents.
- Prohibition of dissemination of recipient information other than to authorized persons and in the conduct of legitimate contractually-mandated duties.

All First Health contracts explicitly require compliance with confidentiality requirements as mandated by federal and state law and by the expectations of the state or other customer involved. Additionally, First Health safeguards confidentiality by limiting our requests for information from providers that is necessary to determine the appropriateness of behavioral health care and to conduct the work required by the RFP and resulting contract. Information from providers is routinely requested according to pre-established formats. Even in the most complex cases or ones in which there is a lack of agreement between First Health and the provider, First Health restricts our requests for information to only that which is needed to resolve the issue at hand.

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All of the above-described procedures to safeguard the confidentiality of personally identifiable information will be used by First Health in all aspects of the UM process.